

RD#:	CR 1051475	OFFENSE: Forgery DATE OF OFFENSE: 10/02/09	SUBMITTING/CONTACT DET.: Detective Shawn Kennedy #21270
#1 Victim	Name [REDACTED]	IR/SID/FBI #'S: IR # [REDACTED]	DET'S WORK HOURS: Monday-Friday 0900-1700 hours
#2 Suspect	Sgt. Jose L. Lopez	No Record	PAGER/CELL PHONE NUMBER: 312-351-0441
#3 Suspect	PO Darryl Hardy	No Record	BELL & PAX NUMBER: Bell 312-746-4170 Pax 4057
#4 Suspect	PO Pablo Mariano	No Record	AREA/UNIT: Bureau of Internal Affairs/121
#5 Suspect	Det. Anthony M. Amato	No Record	EVIDENCE COORDINATOR (EC): <i>[Signature]</i>
#6 Suspect	PO Victor Rivera	No Record	EC REVIEW DATE: <i>30 Oct 2013</i>

INSTRUCTIONS:

*PLEASE LIST ALL INVENTORIES ASSOCIATED WITH THE ABOVE RD# SEPARATELY***

ATTACH ORIGINAL CASE REPORT

SUBMIT FORM TO AREA EVIDENCE COORDINATOR FOR REVIEW

INVENTORY	ITEM DESCRIPTION	SPECIFIC REQUEST FOR ANALYSIS <i>Indicate to Which Section(s) Each Item Should Go</i>	PRIORITY <i>*EC-ONLY*</i>	BOX TYPE <i>*FSS-ONLY*</i>
	20 Original Consent to Search Forms (Sgt. Jose Lopez)	D	/	
	Handwriting Samples (Sgt. Jose Lopez)	D	/	
	20 Original Consent to Search Forms (PO Darryl Hardy)	D	/	
	Handwriting Samples (PO Darryl Hardy)	D	/	
	20 Original Consent to Search Forms (PO Pablo Mariano)	D	/	
	Handwriting Samples (PO Pablo Mariano)	(21-32) D	/	Box
	20 Original Consent to Search Forms (Det. Anthony Amato)	D	/	
	Handwriting Samples (Det. Anthony Amato)	D	/	
	20 Original Consent to Search Forms (PO Victor Rivera)	D	/	

PLEASE INCLUDE PERTINENT CASE INFO AND LIST ANY ASSOCIATED RD#S IN WHICH COMPARISONS ARE NEEDED:

The inventories listed on this page and the attached page are the handwriting samples requested by the Illinois State Police (Lyndel Morris) for handwriting analysis by the Springfield Forensic Science Laboratory. History: The suspect [REDACTED] who is listed in the original case under RD number [REDACTED] was shown not to be associated with the signature in question, from the original Consent to Search form (which is still in the possession of ISP). This was the finding of an independent expert, as well as the ISP under lab case number [REDACTED] through a Grand Jury subpoena, writing samples have been obtained from the five involved sworn CPD members for examination and comparison.

CL# 1051475

*IF MORE SPACE IS NEEDED PLEASE USE AND ATTACH AN ADDITIONAL FORM

ISP 6-634 (06/05)

Attachment# 80

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CPD 0028096

CR 1051475

PROPERTY INVENTORY - NO.
CHICAGO POLICE DEPARTMENT INV NO
CPD-34-523 (REV. 10/09)

ITEM ID	QUANTITY	DESCRIPTION OF PROPERTY	PKG NO.	UNIT	INVENTORY NO.
6570792	1	OTHER : PACKAGE CONTAINING HANDWRITING SAMPLES FROM PERSONNEL JACKET OF PO PABLO MARIANO #6691	CR 1051475	121	
RE-INVENTORY OF:					
COMMENTS: Documents for Hand Writing Analysis by the Illinois State Police - Lab Number: S11-8230					
EVIDENCE & RECOVERED PROPERTY SECTION USE ONLY					
STATE CHARGES:		\$ DEPOSITED AMT \$ INVENTORY AMT			
RECOVERED/SEIZED FROM - NAME <input type="checkbox"/> DECEASED <input type="checkbox"/> ARRESTED [REDACTED]		AT [REDACTED]	INCHARGE: [REDACTED]	OFFICER'S SIGNATURE - STAR - UNIT <input checked="" type="checkbox"/>	DATE RECEIVED
OWNER'S NAME [REDACTED]		Star: 6691	BEAT OF RECOVERY 213	WATCH COMDR'S APPROVAL SIGNATURE <input checked="" type="checkbox"/>	
FOUND BY - NAME <input checked="" type="checkbox"/> CHECK IF C.P.D.		KENNEDY, SHAWN	ADDRESS	TELEPHONE NO. JUDGE	COURT ORDER - DISPOSAL INSTRUCTIONS <input checked="" type="checkbox"/>
HOLD FOR INVESTIGATION (IF NOT NEEDED FOR INVESTIGATION/EVIDENCE, LEAVE BLANK)		INVESTIGATING OFFICER - KENNEDY, SHAWN	STAR NO. 21270	1st OFFICER'S NAME KENNEDY, SHAWN	STAR NO. 21270
PROPERTY AVAILABLE FOR RETURN TO OWNER		TELEPHONE NO. [REDACTED]	OFFICER'S SIGNATURE - STAR UNIT <input checked="" type="checkbox"/>	UNIT 121	
TO BE DISPOSED OF BY CUSTODIAN (NOT TO BE RETURNED) (THIS APPLIES IF PROPERTY IS NOT EVIDENCE, NOT RETURNABLE AND/OR OWNER IS UNKNOWN)		2nd OFFICER'S NAME [REDACTED]	STAR NO. 926	UNIT 121	
INITIAL DESTINATION OF PROPERTY SECTION					
FORENSIC SERVICES					
VIA <input type="checkbox"/> POLICE MAIL <input type="checkbox"/> RECOVERING UNIT PERSONNEL (THIS APPLIES IF PROPERTY IS NOT EVIDENCE, NOT RETURNABLE AND/OR OWNER IS UNKNOWN)		APPROVING DESK SERGEANT BLAUL, CHRISTINE	STAR NO. 926	DATE 31-OCT-2013	TIME 14:03
SIGNATURE Electronic Approval					

Created by: PC0140

COPY 1 - KEEP WITH PROPERTY

Officer Pablo Mariano
Star Number: 6691

OLA 303
Att. 10/14/80
Page 4 of 18

SWORN FIRST AMENDMENT JUDGEMENT AFFIDAVIT
CHICAGO POLICE DEPARTMENT/PERSONNEL DIVISION

TO: COMMANDER OF POLICE PERSONNEL
FROM: NAME: PABLO, MARIA
TITLE: PO
SOCIAL SECURITY NO: ██████████
SUBJECT: RECEIPT OF FIRST AMENDMENT JUDGEMENT

I HEREBY ACKNOWLEDGE THAT I HAVE RECEIVED A COPY
OF THE UNITED STATES DISTRICT COURT FIRST AMENDMENT
JUDGEMENT.

SIGNATURE: P. Pablo

DATE: 24 Apr 04

k3 21
n

CPD-62.130 (REV. 1/03)

1051475

Attachment# 80

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NOTICE TO EMPLOYEES - ETHICS RULES

All employees of the City of Chicago owe their primary business/employment loyalty to the city and its citizens. In addition to the obligation to perform duties in a satisfactory manner, there are various ethical restrictions and obligations imposed by the City. Violation of these restrictions and obligations may result in discipline, up to and including discharge.

Gifts/Money. You may not accept any anonymous gift. You may not accept gifts from persons or organizations whose City business you are in a position to affect, with the exception of occasional non-cash gifts valued at less than \$50. You may not accept anything of value intended to influence official decisions or actions, or in return for advice on City business or operations. Any gifts you accept on behalf of the City must be reported promptly to the Board of Ethics.

Dual Employment. You may not use City time or City-owned property in any non-City employment or business. You may not use or reveal confidential information gained from City employment. The Chicago Police Department has the right to restrict secondary employment for good cause.

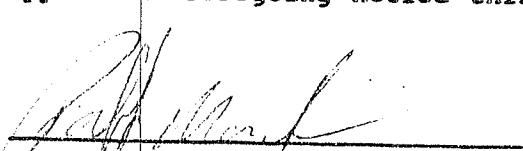
Interest in City Business. You may not take part in or influence any governmental decisions in which you have an economic interest. You may not have a financial interest, in your name or in the name of any other person, in any contract, work or business of the City. Such a financial interest can include being an employee or consultant in any City business undertaken by an immediate family member.

Property. You may not engage in or permit the unauthorized use of City-owned property. You may not have a financial interest in the purchase of City property unless it is sold through public, competitive bidding.

Relatives. You may not hire or advocate the hiring of relatives for jobs with the City agency where you are employed. You may not supervise or involve yourself with any City contract that benefits a relative.

These obligations and restrictions are set forth in detail in Chapter 2-156 of the Municipal Code, and in the Personnel Rules of the City. This Notice is intended to describe some of the more common situations covered by the ethics rules; it is not a substitute for a review both of Chapter 2-156 and the Personnel Rules. If you have any questions about your ethical obligations, contact the City of Chicago Board of Ethics, 744-9660.

I hereby acknowledge receipt of a copy of the foregoing notice this 18th day of Dec, 2000.

Signature: 

Print Name: CPD36 MAP, RW 83-222

Soc. Sec. No. ██

Title: Probationary Police Officer CPD36 MAP, RW 83-222

* You must return a signed copy of this Notice to your Department head. SO

Page 6 of 18

NOTICE TO EMPLOYEES - ETHICS RULES

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Interest in City Business. You may not take part in or influence any governmental decisions in which you have an economic interest. You may not have a financial interest, in your name or in the name of any other person, in any contract, work or business of the City. Such a financial interest can include being an employee or consultant in any City business undertaken by an immediate family member.

Property. You may not engage in or permit the unauthorized use of City-owned property. You may not have a financial interest in the purchase of City property unless it is sold through public, competitive bidding.

Relatives. You may not hire or advocate the hiring of relatives for jobs with the City agency where you are employed. You may not supervise or involve yourself with any City contract that benefits a relative.

These obligations and restrictions are set forth in detail in Chapter 2-156 of the Municipal Code, and in the Personnel Rules of the City. This Notice is intended to describe some of the more common situations covered by the ethics rules; it is not a substitute for a review both of Chapter 2-156 and the Personnel Rules. If you have any questions about your ethical obligations, contact the City of Chicago Board of Ethics, 744-9660.

I hereby acknowledge receipt of a copy of the foregoing notice this 18th day of Dec, 2000.

Signature: John Mark

Print Name: John Mark

Soc. Sec. No. ██

Title: Probationary Police Officer

* You must return a signed copy of this Notice to your Department head. 1051425

Attachment # 80

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Dec. 18- 02

CITY OF CHICAGO
DEPARTMENT OF HUMAN RESOURCES
EMPLOYEE CHANGE OF ADDRESS FORM

Department: CPD Bureau: _____

Name: PASCO, MARIAH JR MARiano

Position Title: P/O SSN: ██████████

I understand and acknowledge that as a condition of employment with the City of Chicago I must be an actual resident of the City of Chicago.

Former Address: ██████████ Zip code: ██████████

New Address: ██████████ Zip code: ██████████

New Phone Number: ██████████ Effective Date: 2007-12-10
10th Dist

I understand that the falsification of this statement of address shall constitute grounds for discharge from the City Service.

I understand and acknowledge that I must report any change of address immediately to my department head and to the Department of Human Resources and that failure to provide such notification shall constitute grounds for discharge from the City Service.

By signing this residency affidavit, I acknowledge and represent that I have fully read and understand both the front and reverse sides of this residency affidavit, and further certify that the information which I have provided herein is true and correct.

Department Head Signature: ██████████

K3-24

Human Resources Department

Employee Signature: ██████████

Date: 2007-12-10

May 1, 2008

6

CL# 105

Attachment # 80

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PER - 72 3/24/2010

Complete and sign two copies.
First copy to department file.
Second copy to Department of Human Resources.

(See reverse side)



City of Chicago
Employee Change of Address Form

2000

Department Chicago Police Dept Bureau _____
Name PABLO MARIANO (MARIANO)
Position title Patrol OFFICER
Social Security number [REDACTED]

I understand and acknowledge that as a condition of employment with the City of Chicago I must be an actual resident of the City of Chicago.

Old Address [REDACTED] Zip Code [REDACTED]
New Address [REDACTED] Zip Code [REDACTED]
Effective Date 9 May 05 00844
New Phone Number [REDACTED]

I understand that the falsification of this statement of address shall constitute grounds for discharge from the City Service.

I understand and acknowledge that I must report any change of address immediately to my department head and to the Department of Personnel and that failure to provide such notification shall constitute grounds for discharge from the City Service.

By signing this residency affidavit, I acknowledge and represent that I have fully read and understand **both the front and reverse sides** of this residency affidavit, and further certify that the information which I have provided herein is true and correct.

PERSONNEL SERVICES

MAY 10 2005

CHICAGO POLICE DEPARTMENT

RECEIVED

MAY 09 2005

PERSONNEL DIVISION
EMPLOYMENT SECTION

Signed

Date

9 May 05 KJ-25
CLP 1051475

Attachment# 8

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Complete and sign two copies.
First copy to departmental file.
Second copy to Department of Personnel.



City of Chicago
Employee Residency Affidavit

Department	Police	Bureau	<i>Ciaglione</i>
Name	<i>JOE MARIANO JR</i>		
Position title	PROBATIONARY POLICE OFFICER		
Social Security number	<i>[Redacted]</i>		
I understand and acknowledge that as a condition of employment with the City of Chicago I must be an actual resident of the City of Chicago.			
My address is:		<i>[Redacted]</i>	
		zip code <i>[Redacted]</i>	

I understand that the falsification of this statement of address shall constitute grounds for discharge from the City Service.

I understand and acknowledge that I must report any change of address immediately to my department head and to the Department of Personnel and that failure to provide such notification shall constitute grounds for discharge from the City Service.

By signing this residency affidavit, I acknowledge and represent that I have fully read and understand both the front and reverse sides of this residency affidavit, and further certify that the information which I have provided herein is true and correct.

Signed *[Signature]* K3-28
[Signature]

Date 18 December 2000 1051475
[Signature]

Complete and sign two copies.
First copy to department file.
Second copy to Department of Personnel.

Attachment # 80
Page 10 of 18



DEPARTMENT OF POLICE * CITY OF CHICAGO
3510 SOUTH MICHIGAN AVENUE * CHICAGO, ILLINOIS 60653

**SWORN
ELECTRONIC SIGNATURE VERIFICATION AFFIDAVIT**

TO: COMMANDER, PERSONNEL DIVISION

FROM: NAME: PABLO, MARIA

RANK/TITLE: P. O.

PC NUMBER: [REDACTED]

EMPLOYEE NUMBER: [REDACTED]

SUBJECT: VERIFICATION OF SECURE ELECTRONIC SIGNATURE

I HEREBY ACKNOWLEDGE THAT THE CHICAGO POLICE DEPARTMENT HAS ASSIGNED TO ME A UNIQUE COMPUTER SYSTEM IDENTIFIER, KNOWN AS A "PC LOG-IN IDENTIFIER." I ACKNOWLEDGE THAT IT IS MY DUTY TO RETAIN CONTROL OF AND MAINTAIN THE SECRECY OF THE PASSWORD WHICH I HAVE CREATED FOR USE IN CONNECTION WITH MY PC LOG-IN IDENTIFIER. I FURTHER ACKNOWLEDGE THAT MY PC LOG-IN IDENTIFIER, AS VERIFIED BY MY PASSWORD, SHALL ACT AS MY ELECTRONIC SIGNATURE AND SHALL HAVE THE FULL LAWFUL EFFECT AS THAT OF MY WRITTEN SIGNATURE.

SIGNATURE: Mel 004

DATE: 18 MAY 07

WITNESS' SIGNATURE: M. C. 2968

DATE: 18 MAY 07

CPD-62.111 (Rev. 1/07)

K3-27x

CLP 105145
Attachment # 80

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SWORN ELECTRONIC SIGNATURE VERIFICATION AFFIDAVIT
CHICAGO POLICE DEPARTMENT / PERSONNEL DIVISION

TO:	COMMANDER OF POLICE PERSONNEL
FROM:	NAME: <u>PABLO</u> <u>marino</u>
	TITLE: <u>██████████</u>
	EMPLOYEE NUMBER: <u>██████████</u>
SUBJECT:	VERIFICATION OF SECURE ELECTRONIC SIGNATURE

I HEREBY ACKNOWLEDGE THAT THE CHICAGO POLICE
DEPARTMENT HAS ASSIGNED TO ME A UNIQUE COMPUTER SYSTEM
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IT IS MY DUTY TO RETAIN CONTROL OF AND MAINTAIN THE SECRECY OF
THE PASSWORD WHICH I HAVE CREATED FOR USE IN CONNECTION WITH
MY PC LOGIN IDENTIFIER. I FURTHER ACKNOWLEDGE THAT MY PC LOGIN
IDENTIFIER, AS VERIFIED BY MY PASSWORD, SHALL ACT AS MY
ELECTRONIC SIGNATURE AND SHALL HAVE THE FULL LAWFUL EFFECT AS
THAT OF MY WRITTEN SIGNATURE.

SIGNATURE:

DATE: 28 Jan 05

WITNESS SIGNATURE: W. J. Green

DATE: 28 Jan 05 K-28

CPD-62.111 (7/03)

CL# 105163-1
Attachment 80
12 18

STATE OF ILLINOIS
County of Cook
City of Chicago

J. B. W. MARSHAL JR.

Name (print)

Office of *Police Officer*

do solemnly swear that I will support the Constitution of the United States, and the Constitution of the State of Illinois, and that I will faithfully discharge the duties of the office of such, according to the best of my ability.

J. B. W. MARSHAL JR.

Signature

Address (print)

Date *24 July 01*

Z

Form 13 Rev 3/95

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Page A
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**PERSONAL HISTORY QUESTIONNAIRE
BACKGROUND INVESTIGATION
CHICAGO POLICE DEPT.**

PERSONAL HISTORY QUESTIONNAIRE BACKGROUND INVESTIGATION CHICAGO POLICE DEPT.	1. POSITION APPLIED FOR: EXAM NO. <u>32002</u> <input checked="" type="checkbox"/> POLICE OFFICER <input type="checkbox"/> OTHER (SPECIFY) _____	2. DATE <u>9/23/00</u> (DAY-MONTH-YEAR) <u>23-9-2000</u>
	3. NAME (LAST - FIRST - MIDDLE INITIAL) <u>MARINO, PABLO</u>	
4. MAIDEN NAME (IF APPL.) <u></u>	5. HOME PHONE <u></u>	6. BUSINESS PHONE <u></u>
7. HOME ADDRESS (STREET NUMBER & NAME - APARTMENT NUMBER - CITY & STATE - ZIP CODE - COUNTY) <u></u>		8. SOCIAL SECURITY # <u></u>

**INSTRUCTIONS
PRINT OR TYPE ALL INFORMATION**

IT IS IMPORTANT TO READ THESE INSTRUCTIONS CAREFULLY AND TO SIGN
THE AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION
CONTAINED ON THE BACK COVER OF THIS QUESTIONNAIRE.

You must be complete and truthful in all your answers. All answers that you give in this application are subject to verification. Any failure to report completely or any untruthful answers will subject you to rejection as a candidate. You are not required to disclose your HIV status in response to any question herein.

In this questionnaire, a number of items ask for simple "yes" and "no" answers and do not require any explanation. However, if you wish to explain your answers, use the **CONTINUATION SECTION** on page 10 of this questionnaire. Before each answer or explanation, write the item number for reference.

Do not leave any question blank. If a question does not apply to you, write "NA" (Abbreviation for "Not Applicable"). Your answers must be legible. Do not disclose any medical or psychological conditions in response to any question herein.

DISCLAIMER

I understand that the processing of this Personal History Questionnaire is not a guarantee of employment or hire as a Probationary Police Officer or the position applied for. I further understand that consideration for employment is dependent upon my successful completion of all steps of the process for this position and upon the availability of a budgeted position for Probationary Police Officer or the position applied for.

I have read and understand all of the instructions pertaining to this Personal History Questionnaire and the content of the above disclaimer.

9. SIGNATURE (APPLICANT) 	CL# <u>1051475</u>	DATE (DAY - MONTH - YEAR) <u>2-04-22</u>
CPD - 62.152 (REV. 02/95)	Attala: 81 PAGE 1	
Page <u>14</u> of <u>18</u>		

I hereby certify that there are no willful misrepresentations, omissions or falsifications in this questionnaire, and all my answers are true and correct.

SIGNATURE (APPLICANT)



DATE (DAY - MONTH - YEAR)

23 - 9 - 2000

CONTINUE ON TO PAGE 12 AND SIGN RELEASE

THIS SECTION TO BE COMPLETED AT THE TIME OF YOUR PERSONAL INTERVIEW WITH AN INVESTIGATOR FROM THE CHICAGO POLICE DEPARTMENT

I have reviewed this questionnaire on this date in the presence of the below listed witness and reaffirm my position that all of the information provided by me in this questionnaire remains true and correct or, where applicable, I have made the necessary corrections and changes.

PRINT NAME (APPLICANT)



23 - 9 - 2000

DATE (DAY - MONTH - YEAR)

23 - 9 - 2000

DATE (DAY - MONTH - YEAR)

30 31/00

SIGNATURE (APPLICANT)



SIGNATURE (WITNESS)



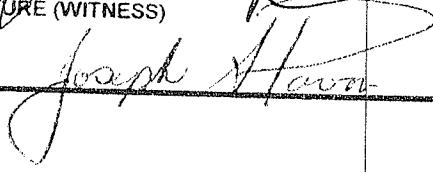
STAR #

18203

DATE (DAY - MONTH - YEAR)

28 NOV. 00

23-31



CL# 1051475

Attachment 80

Doc 15 8

CHICAGO POLICE DEPARTMENT
AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

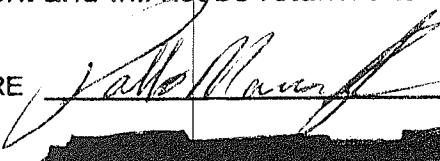
I, Pablo Mariano, do hereby authorize the release, review of and full disclosure of all records concerning myself to the Chicago Police Department, whether the said records are of a public, private, or confidential nature, except that I do not authorize the release of any information regarding my HIV status.

The intent of this authorization is to give my consent for full and complete disclosure of records of educational institutions; financial or credit institutions including records of loans, the records of commercial or retail credit agencies (including credit reports, and/or ratings); and other financial statements and records; employment and pre-employment records, including background reports, and performance ratings, but excluding information relating to medical conditions and medical history (unless a conditional offer of employment has been made); and, all records maintained by any criminal justice or corrections agency including, but not limited to, incident reports, arrest records and criminal history information.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the City of Chicago. I also agree to hold harmless any person(s) who may furnish such information concerning me; and I hereby release said person(s) from any liability which may be incurred as a result of furnishing such information.

A photocopy of this release form will be valid as an original thereof, even though said photocopy does not contain an original writing of my signature.

I have read and fully understand the contents of this "Authorization for Release of Personal Information." I understand that all information and documents turned over to the Chicago Police Department become the property of the Chicago Police Department and will not be returned to me.

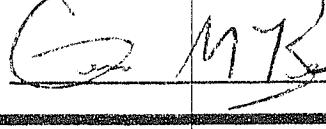
SIGNATURE 

ADDRESS 

PHONE NUMBER 

DATE OF BIRTH 

SOCIAL SECURITY NO. 

WITNESS 

CL# 1051475 DATE 23 SEP 00

K7-32

CHICAGO POLICE DEPARTMENT
EVIDENCE

RD. NO. _____ DATE 05 AUG 2013

INVENTORY NO. _____ ME NO. _____

TYPE OF OFFENSE _____

CASE NAME CR 1051475

ADDRESS OF SCENE/SERVICE _____

District of Occurrence _____ Beat No. _____

Detective(s) KENNEDY Area B. I. A.
Dt. C. Blawet 920

CONTENTS

Hand writing samples

RECOVERED FROM PO PABLO MARIANO

RECOVERED BY DET. SHAWN KENNEDY

CPD 33.310 - A (3/97)

CPD #212
J. A. Colleff 106

10510-5

11/11/02

CPD 0028112